

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 59080 /

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8						
9	1					
10	1					
11		1				
12	1					
13		1				
14	1					
15	1					
16	1					
17		1				
18		1				
19		1				
20		1				
21		1				
22	1					
23		6				
24	1					
25		1				
26	1					
27		6				
28	1					
29		1				
30		1				
31		1				
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42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48	1					
49		1				
50		1				
TOTAL IND.	15					
TOTAL DEP.	45					
TOTAL CLAIMS	160					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						